## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number     | 10/667,989         |  |  |  |  |
|------------------------|--------------------|--|--|--|--|
| Filing Date            | September 22, 2003 |  |  |  |  |
| First Named Inventor   | Denis Jolivet      |  |  |  |  |
| Art Unit               | 2872               |  |  |  |  |
| Examiner Name          | James Phan         |  |  |  |  |
| Attorney Docket Number | 481062.408C1       |  |  |  |  |

| I hereby revoke all previous powers of attorney given in the above-identified application.   |                          |           |  |       |      |     |          |      |  |  |
|--|--------------------------|-----------|--|-------|------|-----|----------|------|--|--|
| A Power of Attorney is submitted herewith.   |                          |           |  |       |      |     |          |      |  |  |
| OR   |                          |           |  |       |      |     |          |      |  |  |
| I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: 35243   |                          |           |  |       |      |     |          |      |  |  |
| X Please change the correspondence address for the above-identified application to:  |                          |           |  |       |      |     |          |      |  |  |
| The address associated with Customer Number 35243  |                          |           |  |       |      |     |          |      |  |  |
| OR   |                          |           |  |       |      |     |          |      |  |  |
| Firm <i>or</i>   | al Name                  |           |  |       |      |     |          |      |  |  |
| Address  |                          |           |  |       |      |     | ,        |      |  |  |
| City   |                          |           |  | State |      | Zip |          |      |  |  |
| Country  |                          |           |  |       |      |     |          |      |  |  |
| Telephone  |                          |           |  | Email |      |     |          |      |  |  |
| I am the:  |                          |           |  |       |      |     |          |      |  |  |
| Applicant/Inventor.  |                          |           |  |       |      |     |          |      |  |  |
| X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   |                          |           |  |       |      |     |          |      |  |  |
| As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).   |                          |           |  |       |      |     |          |      |  |  |
| SIGNATURE of Applicant or Assignee of Record   |                          |           |  |       |      |     |          |      |  |  |
| Signature  | Ruhi                     | Kami      |  |       | Date | Jan | uary 18, | 2007 |  |  |
| Name   | Robert G                 | - Rainier |  |       |      |     |          |      |  |  |
| Title and<br>Company   | Title and Vice President |           |  |       |      |     |          |      |  |  |
| (Assignee)   | Intermec IP Corp.        |           |  |       |      |     |          |      |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |                          |           |  |       |      |     |          |      |  |  |
| *Total of forms are submitted.   |                          |           |  |       |      |     |          |      |  |  |